

CLAIMS ONLY				Application Number: <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">10/65793</div>		Filing Date:	
				Applicant(s):			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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47						
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49						
50						
Total Indep	3					
Total Depend	29					
Total Claims	32					

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS

AS FILED

**AFTER FIRST
AMENDMENT**

**AFTER SECOND
AMENDMENT**

Indep

Depend

Indep

Depend

Indep

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Index

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Index

Depend

Inden

Depend

**Total
Index**

2

Total Depend

29

Total Claims

32

**Total
Indep**

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Total Dependence

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**Total
Claims**

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